DEPARTMENT OF DEFENSE
NONAPPROPRIATED FUND HEALTH BENEFITS PROGRAM

Summary of Benefits

Managed Choice® Point-of-Service Plan

Effective 1 January 2000

Plan Provisions	Managed Choice (POS) Benefits **Preferred Benefits** *(Care provided by or coordinated by your PCP)*	 **Non-Preferred Benefits** *(Care NOT provided by or coordinated by your PCP)*
Annual Deductible		
Individual	None	$400
Family	None	$1,200
Out-of-Pocket Limit		
Individual	$2,000	$3,000
Family	$6,000	$9,000
Lifetime Maximum	Unlimited	Unlimited
Precertification	PCP handles	You handle; $500 penalty for failure to precertify
Preventive Care		
Physical exam and immunizations (one per calendar year)	100%, no copay	Not covered
Well-child care and immunizations Birth to age 7	100%, no copay	Not covered
Routine gynecological exam including Pap test and related lab fees (one per calendar year)	100%, no copay (no PCP referral required)	Not covered
Mammogram (one per calendar year for women age 35 and over)	100%, no copay	Not covered
Prostate screening exam (one per calendar year for men age 40 and over)	100%, no copay	Not covered
Routine eye exam (one per calendar year)	100% after $15 copay	Not covered
Lenses, frames and contacts (in addition to Vision One)	100% up to a $75 maximum benefit per calendar year per person	100% up to a $75 maximum benefit per calendar year per person
Routine hearing exam (one per calendar year)	100%, no copay	Not covered
Hearing aids ($500 lifetime maximum)	100%	100%, no deductible
Physician Services		
Office visits for treatment of illness or injury	100% after $15 copay	70% after deductible
Maternity care office visits	100% after $15 copay for first visit, 100% for subsequent visits	70% after deductible
In-office surgery	100% after $15 copay	70% after deductible
Allergy testing and injections	100% after $15 copay when part of office visit; otherwise 100%, no copay	70% after deductible
Specialists (office visits)	100% after $15 copay	70% after deductible
Second surgical opinion	100%, no copay	100%, no deductible
Hospital Services		
Inpatient Services		
Hospital room and board and ancillary services	100% after $200 per confinement fee*	70% after $400 per confinement fee*
Preoperative testing	100%, no copay	100%, no deductible
Lab and X-ray	100%, no copay	70% after deductible
Surgery	100%, no copay	70% after deductible
Physician hospital visits	100%, no copay	70% after deductible
Anesthesia	100%, no copay	70% after deductible
Outpatient Services		
Surgery	100%, no copay	70% after deductible
Independent lab and X-ray facilities	100%, no copay	70% after deductible

* *Per confinement fee is in addition to any applicable calendar year deductible. Confinement fee is waived for subsequent hospital confinements for the same condition within the same calendar year.*

Summary of Benefits

continued

Managed Choice (POS) Benefits

Plan Provisions	Preferred Benefits *(Care provided by or coordinated by your PCP)*	Non-Preferred Benefits *(Care NOT provided by or coordinated by your PCP)*
Emergency Care		
Hospital emergency room	100% after $50 copay (waived if admitted)	100% after separate $50 deductible (waived if admitted)
Hospital emergency room for non-emergency care	50%	50% after deductible
Ambulance	80%	80% after deductible
Health Care Alternatives		
Convalescent facility (up to 90 days per calendar year; prior hospitalization not required)	90%	70% after deductible
Home health care (up to 90 visits per calendar year)	90%	70% after deductible
Private duty nursing (up to 70 eight hour shifts per calendar year)	90%	70% after deductible
Hospice (inpatient and outpatient)	100%	100%, no deductible
Other Health Care		
Family planning (voluntary sterilization)	100% after $100 copay	70% after deductible
Short-term rehabilitation	80%	80% after deductible
Durable medical equipment	80% (PCP must refer you to a network DME provider to receive preferred benefits; otherwise non-preferred benefits apply)	70% after deductible
Spinal disorder (chiropractic) (20 visits per calendar year)	100% after $15 copay	70% after deductible
Mental Health Care*		
Inpatient (no maximum on number of days)	80% after $200 inpatient per confinement fee	60% after $400 inpatient per confinement fee
Outpatient (up to 45 visits per calendar year)	100% after $25 copay	60% after deductible
Substance Abuse Treatment*		
Inpatient (up to 45 days per calendar year)	80% after $200 inpatient per confinement fee	60% after $400 inpatient per confinement fee
Outpatient (up to 45 visits per calendar year)	100% after $25 copay	60% after deductible

* *Outpatient day maximums for mental health and substance abuse are not combined. However, preferred and non-preferred limits are combined.*

Prescription Drug Benefits		
Participating Pharmacy Program (30-day supply)	*Participating Pharmacy*	*Non-Participating Pharmacy*
Generic drugs (mandatory unless not available or doctor requires brand-name)	100% after $5 copay	Not covered
Brand-name drugs* (if generic is not available or doctor requires brand-name)	100% after $15 copay	Not covered
Mail-Order Service (90-day supply)		
Generic drugs (mandatory unless not available or doctor requires brand-name)	100% after $5 copay	Not applicable
Brand-name drugs* (if generic is not available or doctor requires brand-name)	100% after $15 copay	Not applicable

* *If you request a brand-name drug when a generic is available, you pay the brand-name copay plus the difference between the brand-name price and the generic price. If your doctor indicates a brand-name drug is medically necessary, you pay only the brand-name copay.*

Prescriptions Purchased Overseas	
Generic drugs	100% after deductible
Brand-name drugs	80% after deductible

Covered dependents who live outside the Managed Choice network area will receive the Traditional Choice® indemnity plan level of benefits. Please see your Human Resources Representative for details. This chart displays only a general description of your benefits under the DOD NAF HBP. Should there be a conflict between the benefits shown on the chart and those in the legal plan documents, the terms of the documents will be used to determine coverages and benefits.

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